

# Covered and non-covered drugs

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**Drugs not covered — and their covered  
alternatives for the Premier and  
Premier Plus pharmacy plans**  
2021 Formulary Exclusions Drug List

## Formulary Exclusions Drug List effective January 1, 2021

Premier and Premier Plus pharmacy plans

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

Category	Not covered	Covered alternatives
Analgesics	<i>acetaminophen/caffeine/dihydrocodeine tab 325-30-16 mg</i>	<i>acetaminophen/caffeine/dihydrocodeine cap 320.5-30-16mg</i> (generic TREZIX)
	ALLZITAL (butalbital/acetaminophen) <i>bupap</i> <i>butalbital/acetaminophen 50-300mg</i>	<i>butalbital/acetaminophen 50-325mg</i>
	ANAPROX DS** ( <i>naproxen</i> ) <i>fenoprofen tablet</i>	Generic oral nonsteroidal anti-inflammatory drug
	FENORTHO* ( <i>fenoprofen calcium</i> )	
	FLECTOR PATCH ( <i>diclofenac epolamine</i> )	
	INDOCIN SUPP* ( <i>indomethacin</i> )	
	INDOCIN SUSP* ( <i>indomethacin</i> )	
	<i>ketoprofen 25mg capsules</i> <i>ketoprofen er</i> <i>mefenamic acid</i>	
	MOBIC** ( <i>meloxicam</i> )	
	NAPRELAN* ( <i>naproxen sodium</i> )	
	PROFENO	
	SPRIX ( <i>ketorolac trometh nasal spray</i> )	
	TIVORBEX ( <i>indomethacin</i> )	
	VIVLODEX ( <i>meloxicam</i> )	
	VOLTAREN** ( <i>diclofenac</i> )	
	ZIPSOR ( <i>diclofenac potassium</i> )	
	ZORVOLEX ( <i>diclofenac</i> )	
	CONZIP* ( <i>tramadol ER capsules</i> )	<i>tramadol immediate-release or extended-release tablets</i> (generic ULTRAM, ULTRAM ER)
	DEPAK 6 DAY** ( <i>dexamethasone</i> ) DEPAK 10 DAY** ( <i>dexamethasone</i> ) DEPAK 13** ( <i>dexamethasone</i> ) TAPERDEX 6 DAY ( <i>dexamethasone</i> )	<i>dexamethasone tab therapy pack</i>
	LAZANDA ( <i>fentanyl citrate nasal spray</i> ) SUBSYS ( <i>fentanyl sublingual spray</i> )	<i>fentanyl citrate lozenge</i> (generic ACTIQ)
LIDODERM** ( <i>lidocaine</i> )	<i>lidocaine patch 5%</i>	
NALOCET PERCOCET**	<i>oxycodone-acetaminophen</i> (generic PERCOCET)	
PLIAGLIS	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
PRIMLEV ( <i>oxycodone/acetaminophen</i> )	<i>oxycodone/acetaminophen</i> (generic PERCOCET, ENDOCET)	
<i>Vanatol S (acetaminophen/butalbital/caffeine)</i> <i>Vanatol LQ (acetaminophen/butalbital/caffeine)</i> <i>VTOL (acetaminophen/butalbital/caffeine)</i>	<i>acetaminophen/butalbital/caffeine tablet</i> (generic FIORICET)	
ZOHYDRO ER	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>	

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and/or Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

\*Generic product is available and is also excluded from coverage.

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Category	Not covered	Covered alternatives
Antibiotics	ADOXA* (doxycycline)	doxycycline monohydrate 50 mg, 100 mg capsules (generic MONODOX)
	AVIDOXY* (doxycycline)	doxycycline hyclate 100 mg capsules (generic VIBRAMYCIN)
	DORYX* (doxycycline)	DOXY-D 100 mg capsules
	doxycycline hyclate 75 mg, 100 mg delayed-release tablets	MORGIDOX 50 mg, 100 mg capsules
	doxycycline hyclate tablet 50mg, 75mg, 150mg	
	doxycycline monohydrate 75 mg capsules	
	MINOLIRA ER (minocycline)	
	MONODOX 75 mg* (doxycycline)	
	MONDOXYNE NL 75 mg capsules	
		COREMINO (minocycline)
	DYNACIN* tablets (minocycline)	
	SOLODYN (minocycline)	
	XIMINO (minocycline)	
	FURADANTIN** (nitrofurantoin oral suspension)	nitrofurantoin
Anticoagulants	COUMADIN**	enoxaparin (generic Lovenox)
	PRADAXA	warfarin (generic COUMADIN)
	SAVAYSA	ELIQUIS
		XARELTO
Antidotes	EVZIO (naloxone HCl injection)	NARCAN nasal spray
Antihyperlipidemic	CRESTOR** (rosuvastatin calcium)	rosuvastatin
	FENOGLIDE* (fenofibrate)	Other generic fenofibrates
	FLOLIPID (simvastatin susp)	simvastatin (generic ZOCOR)
	LIPITOR** (atorvastatin)	atorvastatin
Anti-infectives	ANCOBON* (flucytosine)	fluconazole
	SOLOSEC (secnidazole)	metronidazole
Antivirals	BARACLUDGE**	entecavir (generic BARACLUDGE)
	SITAVIG (acyclovir)	acyclovir capsules, tablets, ointment (generic ZOVIRAX)
	TAMIFLU** (oseltamivir)	oseltamivir
Benign prostatic hypertrophy	RAPAFLO**	silodosin (generic RAPAFLO)
Cardiovascular	AUVI-Q (epinephrine)	epinephrine injection, Epi-Pen
	CADUET* (amlodipine/atorvastatin)	amlodipine (generic NORVASC) plus atorvastatin (generic LIPITOR)
	CARDIZEM CD** (diltiazem)	diltiazem ER
	CAROSPIR (spironolactone susp)	spironolactone (generic ALDACTONE)
	DIAMOX SEQUEL* (acetazolamide ER)	acetazolamide (generic DIAMOX)
	DUTOPROL* (metoprolol succinate/ hydrochlorothiazide extended-release tablets)	metoprolol ER (generic TOPROL XL) plus hydrochlorothiazide, metoprolol/ hydrochlorothiazide IR (generic LOPRESS HCR)
	DYRENIUM	triamterene
	INDERAL LA** (propranolol ER)	propranolol ER
	ISOSORBIDE DINITRATE*	isosorbide dinitrate (except isosorbide dinitrate 40mg), isosorbide mononitrate
	niacin	niacin ext-rel
	NIACOR	
	REPATHA	PRALUENT
	TOPROL XL**	metoprolol succinate er (generic TOPROL XL)

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Cardiovascular (continued)	VASOTEC** ( <i>enalapril maleate</i> )	<i>enalapril maleate</i>
	ZONTIVITY	BRILINTA, <i>anagralide, clopidogrel</i>
	ZYPITAMAG ( <i>pitavastatin</i> )	<i>rosuvastatin, atorvastatin, simvastatin</i> (generic CRESTOR, LIPITOR, ZOCOR)
Central nervous system (CNS) – antidepressants	APLENZIN ( <i>bupropion HBr</i> )	<i>bupropion immediate or extended release</i> (generic WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL)
	FORFIVO XL* ( <i>bupropion HCl extended release</i> )	
	WELLBUTRIN XL** ( <i>bupropion extended release</i> )	
	LEXAPRO ( <i>escitalopram</i> )**	<i>escitalopram</i>
	PEXEVA ( <i>paroxetine</i> )	<i>paroxetine immediate or extended release</i> (generic PAXIL, PAXIL CR)
	<i>fluoxetine tablet</i> PROZAC**	<i>fluoxetine capsules</i>
	PRISTIQ** ( <i>desvenlafaxine</i> )	<i>desvenlafaxine succinate tab er 24 hr</i>
CNS – antipsychotics	ABILIFY	<i>olanzapine</i>
	FANAPT	<i>risperidone</i>
	SEROQUEL XR	<i>quetiapine</i>
		<i>aripiprazole</i>
		<i>ziprasidone</i> VRAYLAR
CNS – antiseizure	LAMICTAL**	<i>lamotrigine</i> (generic LAMICTAL)
	SABRIL**	<i>vigabatrin</i> (generic SABRIL)
	ZONEGRAN	<i>zonisamide</i> (generic ZONEGRAN)
CNS – sedative/hypnotics	ATIVAN** ( <i>lorazepam</i> )	<i>lorazepam</i>
	EDLUAR ( <i>sublingual zolpidem</i> )	<i>zolpidem tablets</i> (generic AMBIEN)
	INTERMEZZO* ( <i>sublingual zolpidem</i> )	
	ZOLPIMIST oral spray ( <i>zolpidem</i> )	
	<i>quazepam</i>	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
	SILENOR ( <i>doxepin</i> )	<i>doxepin</i> (generic SINEQUAN)
	XANAX** ( <i>alprazolam</i> )	<i>alprazolam</i>
	XANAX**XR ( <i>alprazolam ER</i> )	<i>alprazolam ER</i>
CNS – attention deficit hyperactivity disorder (ADHD)	ADDERALL XR** ( <i>amphetamine dextroamphetamine</i> )	<i>amphetamine/dextroamphetamine</i> <i>atomoxetine</i>
	EVEKEO** ( <i>amphetamine sulfate</i> )	<i>methylphenidate</i>
	INTUNIV	<i>VYVANSE</i>
	ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg ( <i>dextroamphetamine sulfate</i> )	<i>MYDAYIS</i>
CNS – other	GOCOVRI ( <i>amantadine extended release</i> )	<i>amantadine</i>
	NAMENDA XR** ( <i>memantine</i> )	<i>memantine hcl cap er 24 hr</i>
	ZELAPAR ( <i>selegiline</i> )	<i>selegiline</i> (generic ELDERPRYL)
Contraceptives	BEYAZ**	<i>drospiren-eth estrad-levomefol</i> (generic BEYAZ)
	MINASTRIN 24 FE **	<i>norethin ace-eth estrad-fe</i> (generic MINASTRIN 24 FE)
	ORTHO TRI-CYCLEN LO **	<i>norgestim-eth estrad triphasic</i> (generic ORTHO TRI-CYCLEN LO)
	YAZ**	<i>drospirenone-ethinyl estradiol</i> (generic YAZ)

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Dermatological	<i>acyclovir cream</i>	<i>acyclovir capsules, tablets, ointment (generic ZOVIRAX)</i>
	ACANYA gel pump ( <i>benzoyl peroxide/clindamycin</i> ) BENZACLIN* ( <i>benzoyl peroxide/clindamycin</i> ) DUAC* ( <i>benzoyl peroxide/clindamycin</i> ) NEUAC* ( <i>benzoyl peroxide/clindamycin</i> ) ONEXTON ( <i>benzoyl peroxide/clindamycin</i> )	<i>topical benzoyl peroxide plus clindamycin</i>
	APEXICON E CRE 0.05% ( <i>diflorasone diacetate cream</i> )	<i>augmented betamethasone (cream/ointment/lotion/gel)</i>
	ATRALIN** ( <i>tretinoin</i> )	<i>topical tretinoin (generic RETIN-A, ATRALIN)</i>
	<i>calcipotriene-betamethasone dipropionate oint</i>	<i>betamethasone CR, oint (generic VALISONE, DIPROSONE)</i>
	<i>calcipotriene cream 0.005%</i> <i>calcitriol ointment 3MCG/GM</i> CORDRAN* 0.05% EUCRISA ( <i>crisaborole</i> ) HALOG** PSORCON* VECTICAL	<i>topical corticosteroids</i>
	CAPEX ( <i>fluocinolone</i> )	<i>fluocinolone (generic SYNALAR)</i>
	CARAC* ( <i>fluorouracil</i> )	<i>topical fluorouracil (generic EFUDEX)</i>
	ECOZA ( <i>econazole</i> )	<i>econazole cream (generic SPECTAZOLE)</i>
	EFUDEX CREAM 5%** ( <i>fluorouracil</i> )	<i>topical fluorouracil (generic EFUDEX)</i>
	EPIDUO** ( <i>adapalene/benzoyl peroxide</i> )	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>
	ERTACZO ( <i>sertaconazole</i> )	<i>ketoconazole cream (generic NIZORAL)</i>
	EXELDERM ( <i>sulconazole</i> )	<i>ketoconazole cream (generic NIZORAL)</i>
	EXTINA ( <i>ketoconazole</i> )	<i>ketoconazole cream (generic NIZORAL)</i>
	FLUOROPLEX CREAM 1% ( <i>fluorouracil</i> )	<i>topical fluorouracil (generic EFUDEX)</i>
	<i>fluorouracil cream 0.5%</i>	<i>topical fluorouracil (generic EFUDEX)</i>
	ILUMYA	HUMIRA, OTEZLA, SKYRIZI, STELARA SQ, TALTZ, TREMFYA, REMICADE
	IMPOYZ ( <i>clobetasol</i> )	<i>augmented betamethasone (generic DIPROLENE AF)</i>
	KENALOG* aerosol soln ( <i>triamcinolone aer spray</i> )	<i>triamcinolone ointment, cream</i>
	<i>ketoconazole AER 2%</i>	<i>ketoconazole cream (generic NIZORAL)</i>
	KETODAN ( <i>ketoconazole</i> )	<i>ketoconazole cream (generic NIZORAL)</i>
	LOCOID LIPOCREAM*	<i>Topical corticosteroids</i>
	LUZU ( <i>ketoconazole</i> )	<i>ketoconazole cream (generic NIZORAL)</i>
	MIRVASO ( <i>brimonidine</i> )	<i>topical metronidazole (generic METROGEL)</i>
	<i>mupirocin cream*</i>	<i>mupirocin ointment</i>
	<i>naftifine cream 2%</i>	<i>naftifine 1% cream (generic NAFTIN)</i>
	NAFTIN ( <i>naftifine</i> )	<i>naftifine 1% cream (generic NAFTIN)</i>
	NUCORT ( <i>hydrocortisone</i> )	<i>hydrocortisone lotion</i>
	ONMEL ( <i>itraconazole</i> )	<i>itraconazole (generic SPORANOX)</i>
	<i>oxiconazole cream</i>	<i>ketoconazole cream (generic NIZORAL)</i>
	OXISTAT ( <i>oxiconazole</i> )	<i>ketoconazole cream (generic NIZORAL)</i>

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<b>Dermatological</b> (continued)	PROCTOCORT** CREAM 1% (hydrocortisone cream)	hydrocortisone rectal cream
	PROTOPIC OIN 0.03% (tacrolimus)	betamethasone dipropionate, mometasone and triamcinolone
	PROTOPIC OIN 0.1% (tacrolimus)	betamethasone dipropionate, mometasone and triamcinolone
	SELRX shampoo (selenium sulfide)	selenium sulfide shampoo (generic EXCEL)
	SERNIVO SPR (betamethasone dipropionate)	betamethasone .05% cream, ointment: betamethasone valerate .1% cream, ointment
	SOLARAZE* (diclofenac sodium 3% gel)	imiquimod (generic ALDARA), fluorouracil cream (generic CARAC)
	SORILUX (calcipotriene foam)	topical corticosteroids
	TACLONEX OINT* (calcipotriene-betamethasone dipropionate)	betamethasone CR, oint (generic)
	TOPICORT spray (desoximetasone)	desoximetasone cream, gel, ointment
	VANOS** (fluocinonide)	fluocinonide cream
	VERDESO (desonide)	desonide (generic DESOWEN)
	VOLTAREN GEL 1%*	diclofenac gel 1 %
	VUSION** (miconazole/zinc oxide)	miconazole/zinc oxide (generic VUSION)
	XOLEGEL (ketoconazole)	ketoconazole cream (generic NIZORAL)
	ZOVIRAX OINT/Cream** (acyclovir)	acyclovir ointment
	ZYCLARA (imiquimod)	imiquimod (generic ALDARA)
	<b>Endocrine – Diabetic</b>	All non ACCU-CHEK brand test strips
All non DEXCOM brand continuous glucose monitoring systems		DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ADLYXIN (lixisenatide)		VICTOZA, TRULICITY
ADMELOG (insulin lispro) AFREZZA APIDRA (insulin glulisine) HUMALOG products Insulin lispro (HUMALOG authorized generic)		FIASP NOVOLOG
BYDUREON BYETTA		metformin/xr OZEMPIC TRULICITY VICTOZA
FORTAMET* (metformin extended release) GLUMETZA* (metformin extended release)		metformin immediate and extended release (generic GLUCOPHAGE, GLUCOPHAGE XR)
HUMULIN products		NOVOLIN
INVOKAMET/XR INVOKANA SEGLUROMET STEGLATRO STEGLUJAN		metformin/xr FARXIGA GLYXAMBI JARDIANCE SYNJARDY/XR XIGDUO XR
JENTADUETO/XR KOMBIGLYZE XR ONGLYZA OSEN TRADJENTA		metformin/xr JANUMET/XR JANUVIA
KAZANO (alogliptin/metformin)		JANUMET/XR

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<b>Endocrine – Diabetic</b> (continued)	LANTUS SOLOSTAR	BASAGLAR LEVEMIR TRESIBA SOLIQUA XULTOPHY	
	NESINA ( <i>alogliptin</i> )	JANUVIA	
<b>Endocrine – (misc)</b>	ANDRODERM ( <i>testosterone</i> ) ANDROGEL 1% <sup>**</sup> ( <i>testosterone</i> ) AXIRON ( <i>testosterone</i> ) FORTESTA <sup>**</sup> ( <i>testosterone</i> ) NATESTO ( <i>testosterone</i> ) STRIANT ( <i>testosterone</i> ) TESTIM ( <i>testosterone</i> ) VOGELXO ( <i>testosterone</i> )	ANDROGEL 1.62% <i>testosterone transdermal gel</i> (generic FORTESTA, ANDROGEL 1%)	
	BINOSTO ( <i>alendronate</i> )	<i>alendronate tablets</i> (generic FOSAMAX)	
	FOLLISTIM AQ	GONAL-F	
	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN ZOMACTON	NORDITROPIN	
	VIVELLE-DOT <sup>**</sup> ( <i>estradiol</i> )	<i>estradiol td patch</i>	
	ZODEX ( <i>dexamethasone</i> ) ZONACORT ( <i>dexamethasone</i> )	<i>dexamethasone</i> (generic DECADRON)	
	<b>Gastrointestinal (GI) – other</b>	<i>chlordiazepoxide/clidinium</i> LIBRAX ( <i>chlordiazepoxide/clidinium</i> )	<i>dicyclomine</i> (generic BENTYL), <i>omeprazole</i> (generic PRILOSEC), <i>famotidine</i> (generic PEPCID)
		CORTIFOAM AER ( <i>hydrocortisone ac</i> )	<i>hydrocortisone enema</i> (generic CORTENEMA)
		FOSRENOL <i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate,</i> PHOSLYRA, VELPHORO
		LIALDA <sup>**</sup> ( <i>mesalamine</i> )	<i>mesalamine</i>
MOTTEGRITY		AMITIZA LINZESS	
PROCTOFOAM AER 1% ( <i>hydrocortisone ac/pramoxine</i> )		<i>hydrocortisone ac/promoxine rectal cream</i> (generic ANALPRAM HC)	
WELCHOL <sup>**</sup> ( <i>colesvelam</i> )		<i>colesevelam</i>	
ZUPLENZ ( <i>ondansetron film</i> )		<i>ondansetron tablets</i> (generic ZOFTRAN)	
<b>GI – prescription ulcer medicine</b>	ACIPHEX <i>esomeprazole strontium</i> <i>lansoprazole odt</i> NEXIUM <sup>**</sup> ( <i>esomeprazole</i> ) OMEPPi* ( <i>omeprazole-sodium bicarbonate</i> ) PREVACID <sup>**</sup> ( <i>lansoprazole</i> ) PRILOSEC <sup>**</sup> ( <i>omeprazole</i> ) PROTONIX <sup>**</sup> ( <i>pantoprazole</i> ) <i>sucralfate susp</i> ZEGERID* ( <i>omeprazole/sodium bicarbonate</i> )	NEXIUM OTC, P † PRILOSEC OTC, P † ZEGERID OTC, P † <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX) <i>rabeprazole</i> (generic ACIPHEX)	
	<b>Gout</b>	ZYLOPRIM <sup>**</sup> ( <i>allopurinol</i> )	<i>allopurinol</i>
		<b>Hematological Agents – Colony Stimulating Factors</b>	FULPHILA NEULASTA UDENYCA

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†Coverage of over-the-counter (OTC) products may not be available under all plan designs.

Category	Not covered	Covered alternatives
<b>Migraine products</b>	<i>ergotamine-caffeine</i> MIGERGOT ( <i>ergotamine tartrate and caffeine suppository</i> )	<i>sumatriptan</i> (generic IMITREX) <i>naratriptan</i> (generic AMERGE) <i>rizatriptan</i> (generic MAXALT) <i>zolmitriptan</i> (generic ZOMIG)
	MIGRANAL* ( <i>dihydroergotamine</i> )	<i>dihydroergotamine nasal spray</i>
	SUMAVEL ( <i>sumatriptan needleless</i> )	<i>sumatriptan injection</i> (generic IMITREX)
	TREXIMET* ( <i>sumatriptan/naproxen</i> )	<i>sumatriptan</i> (generic IMITREX) plus <i>naproxen</i> (generic NAPROSYN)
<b>Miscellaneous</b>	ASTAGRAF XL	<i>tacrolimus</i>
	GEL-ONE ORTHOVISC MONOVISC VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
	MAVYRET VIEKIRA PAK ZEPATIER	HARVONI EPCLUSA VOSEVI
	MYTESI	<i>diphenoxylate-atropine</i>
	NASCOBAL ( <i>cyanocobalamin nasal spray</i> )	<i>cyanocobalamin injection</i>
	REPATHA	PRALUENT
	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
	ZYDELIG	COPIKTRA
<b>Multiple Sclerosis</b>	AVONEX EXTAVIA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel</i> , <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<b>Muscle relaxants</b>	AMRIX ( <i>cyclobenzaprine</i> ) <i>chlorzoxazone 250mg</i> <i>cyclobenzaprine ER</i> <i>cyclobenzaprine tablets 7.5mg</i> FEXMID** ( <i>cyclobenzaprine</i> ) LORZONE ( <i>chlorzoxazone</i> ) <i>mefenamic acid</i> <i>methocarbamol</i> <i>metaxalone</i> SOMA 250 mg* ( <i>carisoprodol</i> ) ZANAFLEX* CAPSULES ( <i>tizanidine hydrochloride</i> )	<i>chlorzoxazone</i> (generic PARAFON FORTE), <i>cyclobenzaprine</i> (generic FLEXERIL, except 7.5mg), <i>tizanidine</i> (generic ZANAFLEX tablets)
<b>Oncology</b>	FARESTON** ( <i>toremifene</i> )	<i>toremifene</i> (generic FARESTON)
	GLEEVEC** ( <i>imatinib</i> )	<i>imatinib</i>
	TARGRETIN CAPSULES ( <i>bexarotene</i> )	<i>bexarotene</i> (generic TARGRETIN)
	TASIGNA	<i>Imatinib</i> BOSULIF SPRYCEL
	TEMODAR** ( <i>temozolomide</i> )	<i>temozolomide</i>
	XELODA** ( <i>capecitabine</i> )	<i>capecitabine</i>
<b>Ophthalmics</b>	<i>bimatoprost Sol 0.03%</i>	<i>latanoprost</i> <i>travoprost</i> ZIOPTAN
<b>Opiate partial agonist</b>	SUBOXONE**	<i>buprenorphine hcl-naloxone</i> (generic SUBOXONE)
<b>Otics</b>	OTOVEL	<i>ofloxacin otic</i> , CIPRODEX

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Category	Not covered	Covered alternatives	
<b>Respiratory – asthma</b>	ALVESCO ASMANEX TWISTHALER ASMANEX HFA DULERA <i>fluticasone-salmeterol aerosol powder</i> (generic ADVAIR DISKUS) PROAIR HFA PROAIR RESPICLICK UTIBRON NEOHALER WIXELA INHUB	ARNUITY ELLIPTA, <i>budesonide</i> (generic Pulmicort), BREO ELLIPTA, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR, SYMBICORT, TRELEGY ELLIPTA	
	SINGULAIR**	<i>montelukast sodium</i> (generic SINGULAIR)	
<b>Respiratory – disease</b>	<i>dexchlorpheniramine</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>	
	SEEBRI NEOHALER TUDORZA PRESSAIR	ANORO, BEVEPSI AEROSPHERE, INCRUSE ELLIPTA, SPIRIVA	
	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	
<b>Respiratory – nasal/cough and cold</b>	<i>benzonatate</i>	<i>benzonatate 100mg, 200mg</i> (generic TESSALON PERLES)	
	<i>dexchlorpheniramine</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>	
	RYVENT ( <i>carbinoxamine</i> )	<i>carbinoxamine</i>	
	XHANCE nasal spray ( <i>fluticasone</i> )	<i>mometasone</i> (generic NASONEX)	
	ZONATUSS** ( <i>benzonatate</i> )	<i>benzonatate</i> (generic ZONATUSS, TESSALON PERLES)	
<b>Respiratory – Miscellaneous</b>	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C	
<b>Vitamins</b>	CITRANATAL BLOOM CITRANATAL HARMONY ENBRACE HR FOLET ONE NATACHEW NATELLE ONE NEEVO DHA NESTABS ONE NEXA PLUS OB COMPLETE GOLD OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER PREFERA OB PREFERA OB ONE PREMESIS RX PRENATAL + DHA PRENATE	PRENATE AM PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE SELECT OB TRISTART DHA TRISTART ONE VITAFOL ULTRA VITAFOL NANO VITAFOL OB VITAFOL ONE VITAMEDMD REDICHEW RX VITAPEARL	several prescription brands, generics and select-over-the-counter prenatal vitamins
	DEXIFOL FOLIKA-V NICOMIDE	<i>over-the-counter b-complex multivitamin, folic acid 1mg</i>	

\*Generic product is available and is also excluded from coverage.

\*\*Generic product is available and is covered as an alternative to the brand-name product.

# Table 1

## Preferred Options For Indication Based Autoimmune Excluded Medications

Condition	Excluded drug name(s)	Preferred option(s)
<b>ANKYLOSING SPONDYLITIS</b>	CIMZIA SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
<b>CROHN'S DISEASE</b>	CIMZIA ENTYVIO STELARA IV	HUMIRA STELARA SUBCUTANEOUS #
<b>PSORIASIS</b>	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>ULCERATIVE COLITIS</b>	ENTYVIO SIMPONI	HUMIRA STELARA SUBCUTANEOUS# XELJANZ# XELJANZ XR#
<b>ALL OTHER CONDITIONS</b>	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

# After failure of HUMIRA

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

Information is believed to be accurate as of the production date; however, it is subject to change.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04.

**Policy forms issued in Oklahoma include:** AL COC00010, HC COC00010.

